

PREGNANCY WELLNESS PROGRAM REGISTRATION PACKET

Soldier's Name

Estimated Date of Delivery

Profile Date

Rank

MOS

SSN

Unit

Duty Phone

Home Phone or Cell

1SG

Commander

Supervisor Name

Unit Phone Number
Number

Supervisors Phone

ETS Date

PCS Date

Chapter 8 with pregnancy: ☐ **YES** ☐ **NO**

Housing: ☐ **Post Housing** ☐ **Off Post** ☐ **Barracks**

Age

Ethnic Background

Education Level

Number of Pregnancies

Number of Children

Number in Household



U.S. Army Active Duty Pregnancy Information

Congratulations!

With this pregnancy, you will be facing extraordinary changes in your life. Unlike your civilian counterparts, you also have to manage the impact that your pregnancy and military life will have on each other. The following information is provided to help you, the active duty expectant mother / Soldier, make key decisions and chart the best course for your pregnancy.

The Army has responsibility for safe, adequate training; therefore, you will be enrolled in the Pregnancy Postpartum Physical Training program. The intent of this program is to protect you and the baby while maintaining Soldier readiness and ensuring productive use of the Soldier. Common sense, good judgement, and cooperation must prevail between policy, Soldier, and Soldier's commander to ensure a viable program.

Exercise is beneficial to both Soldier and baby. It promotes easier delivery and reduced physical discomforts; fewer c-section, preterm delivery, low birth weight rate; and consistent moderate exercise maintains fitness during pregnancy and improves postpartum recovery.

Army Physical Fitness Test (APFT):

Upon the diagnosis of pregnancy, the Soldier is exempt from regular unit physical fitness training and APFT testing/weight standards for the duration of the pregnancy and 180 days past pregnancy termination. After receiving medical clearance from their health care provider to participate in physical training, commanders will enroll Soldiers who are pregnant or postpartum to take part in the Army Pregnancy/Postpartum Physical Training (PPPT) program, an element of the Army Physical Fitness Training Program, in accordance with AR 350-1, Army Training and Education. The PPPT Program is designed to maintain health and fitness levels of pregnant Soldiers, and successfully integrate postpartum Soldiers back into unit physical fitness training programs with emphasis on achieving the APFT standards in accordance with guidance provided in the Army Physical Fitness Training Program, and meeting

Pregnancy Postpartum Physical Training Program Enrollment Forms

height/weight standards in accordance with guidance provided in the Army Weight Control Program. Pregnant and postpartum Soldiers must be cleared by their health care provider prior to participating in physical fitness training.

Postpartum Profile:

Prior to leaving the hospital, your doctor will provide you with a postpartum profile. This temporary profile will be for 45 days beginning the day of delivery and allows for PT at your own pace. Participation in a postpartum PT program is encouraged to assist you in returning to required physical fitness standards and transitioning back to unit PT.

Maternity Uniforms:

You will be provided two sets of maternity uniforms (BDUs or Whites). At most posts, you will need to take a memorandum from your commander requesting the issue and a copy of your pregnancy profile showing your due date to the Central Issue Facility (CIF) or the unit supply room. These uniforms will be turned in upon your return from convalescent leave. Check with your chain of command to inquire about specifics.

Education:

You are encouraged to participate in childbirth education programs offered at your facility. Childbirth education may include birthing classes, infant care information, breast-feeding education, exercise during pregnancy, and tours of the birthing unit and postpartum areas. Visit your Medical Treatment Facility (MTF) and see what they have to offer.

Pregnancy Profile:

Upon confirmation of your pregnancy (by confirmation or a lab test), you will be provided a physical profile that is effective for the duration of the pregnancy. Activities that are acceptable during pregnancy are specifically noted in the profile and include: specific stretching, aerobic conditioning at own pace, lifting up to 15 pounds, wearing a helmet, and carrying a rifle.

Although you are exempt from regular physical training (PT) and testing during your pregnancy, you are encouraged to participate in a pregnancy PT program, if available. Currently there is no standardized Army-wide PT program for pregnant and postpartum Soldiers. However, many installations do have programs available. Obtain your health care provider's approval for any proposed exercise.

Additional Limitations:

In addition to the physical profile, there are additional limitations regarding pregnant Soldiers outlined in the Office of the Surgeon General Memorandum, dated 23 May 2001, *Pregnancy and Postpartum Physical Profiles*:

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- 1) Except under unusual circumstances, the Soldier will not be reassigned to or from CONUS during pregnancy. She may be reassigned within CONUS. A physician must clear the Soldier prior to any reassignment.
- 2) An occupational history will be taken at the first visit to assess potential exposures in the Soldier's work area. An occupational medicine physician or nurse usually performs this task. Listed below are specific occupational concerns / limitations:
 - a) No duty where nausea, easy fatigue, or sudden light-headedness would be hazardous to the Soldier or others, to include aviation duty, Classes 1/1a/2/3, and work on ladders or scaffolding. The Soldier may be granted permission to remain on flight status with approval by physician and Advanced Training Course supervisor.
 - b) No duty with frequent or routine exposures to military fuels, (mogas, JP8, JP4) fuel vapors and / or handling.
 - c) No indoor weapons training due to airborne lead concentrations and bore gas emissions.
 - d) No work in motor pool areas where the Soldier would be routinely exposed to potential hazards. This does not apply to pregnant Soldiers who perform infrequent preventative maintenance checks and services (PMCS) on vehicles or to those pregnant Soldiers who work in adequately ventilated areas adjacent to the motor pool (i.e., administrative offices)
 - e) Avoid excessive vibrations, example: Driving in large (greater than 1 1/4 ton) ground vehicles on unpaved surfaces.
- 3) Exempt from all immunizations except influenza and tetanus-diphtheria.
- 4) Exempt from exposure to chemical and riot control agents, wearing load-bearing equipment to include web belt, and wearing MOPP gear at any time.
- 5) Duty:
 - a) Can work shifts and perform to continue military duty until delivery. Soldiers with complicated [pregnancies may have their duty modified their health care provider.
 - b) At **20 weeks** of pregnancy:
 - i) Exempt from parade rest or standing at attention for longer than 15 minutes.
 - ii) Exempt from swimming qualifications, drown proofing, field duty, and weapons training.
 - iii) Exempt from riding in or driving in vehicles larger than light medium tactical vehicles.
 - iv) Exempt from all PMCS duties.
 - c) At **28 weeks** of pregnancy, in addition to the above:
 - i) 15 minute rest period allowed every two hours.
 - ii) Duty day not to exceed 8 hours. Workweek not to exceed 40 hours.
 - iii) Duty day begins with reporting for formation or duty and ends 8 hours later.

Convalescent Leave:

Will be determined by attending physician following delivery. The usual time allotted is 42 days following a normal pregnancy and delivery. The physician also determines the amount of convalescent leave following other than normal pregnancy and delivery (i.e., elective or spontaneous abortions, complications)

Family Care Plan:

Talk to your unit chain-of-command to insure that you have a family care plan in place taking the new addition to your family into consideration.

DEERS:

Soon after discharge from the hospital, you must stop by your personnel office or the nearest DEERS office to enroll your baby in DEERS. While at the Military Personnel Office (MILPO), take time to update your SGLI (Servicemembers' Group Life Insurance) and DD93 (Emergency Data Sheet)

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TRICARE:

After enrolling in DEERS, you will be given the necessary forms for your baby's enrollment into TRICARE. Complete these forms and take to your nearest TRICARE office.

Finance:

Notify the Personnel Administration Center (PAC) of your new dependent.

Both Parents Active Duty:

Both parents will need to update their SGLI and DD93. Only the sponsor needs to enroll the baby in DEERS, TRICARE, and notify PAC of new family member.

References:

1- Office of the Surgeon General Memorandum, dated 23 May 2001, Pregnancy and Postpartum Physical Profiles.

2- <http://chppm-www.apgea.army.mil/dhpw/Readiness/PPPt.aspx>

Comment: Click on last link for current pregnancy profile information

Site provides a succinct summary of the information contained in the specific references listed below:

- AR 40-501 Standards of Medical Fitness, Pregnancy and Postpartum Profiles.
- AR 614-30 Assignments, Details, and Transfers, Overseas Service in Pregnancy.
- AR 600-8-10 Leaves and Passes, Postpartum Convalescent Leave.

3- <http://usapa.army.mil>

Comment: Navigate through Official Documents, Army Administrative Publications.

Site Details considerations in pregnancy.

DOD Directive 1308.1 DoD Physical Fitness and Body Fat Program

4- <http://www.dtic.mil/whs/directives/corres/html/1308.1.htm>

Comment: Outlines postpartum exception to standard of fitness / body fat

Pregnancy Postpartum Physical Training (PPPT) Informed Consent

You have been invited to participate in a program designed to provide a safe, standardized exercise and education program for pregnant and postpartum Soldiers. All military members are required to pass periodic weight and fitness tests. Current military regulations give women six months after delivery to meet their age-appropriate requirements. (Lee, 1998) Many pregnant Soldiers do not participate in an exercise program while pregnant or if they do the programs are not designed to meet the specialized needs of the pregnant body. There is Command concern that female Soldiers are not able to return to readiness fitness level in the allotted time, resulting in lost productivity and decreased morale. In an attempt to remedy this problem a PPPT program has been designed by the United States Army Center for Health Promotion and Preventive Medicine, in collaboration with the US Army Physical Fitness School and a noted expert in pregnancy and physical activity.

The American College of Obstetricians and Gynecologists' position on pregnancy and exercise acknowledges that "healthy women with normal pregnancies can safely engage in many types of exercise without compromising the fetus or complicating the pregnancy, labor or delivery." (Heffernan, 2000) Human data do not exist indicating that pregnant women should limit exercise intensity or lower target heart rates because of potential adverse effects. In the absence of obstetric or medical complications, healthy women can exercise moderately to retain cardiorespiratory and muscular fitness throughout pregnancy and the postpartum period. (ACOG, 2000) There are physiological changes, musculoskeletal alterations and energy demands that occur during pregnancy which must be taken into account and precautions observed when planning an exercise program for pregnancy. (Wang, 1998) The guidelines for exercise during pregnancy expressed in the Army PPPT program are based on the most current data establishing that in healthy, well-conditioned, active women regular, sustained exercise before and during pregnancy should enhance the course and outcome of the pregnancy for the mother and the infant. (Clapp, 1996)

This program's evaluation is designed to collect data to determine the effect of the Army PPPT program on the health and fitness of the mother. The health of the mother will include the effect on the female Soldier's ability to return to readiness fitness levels after pregnancy, length of gestation, type of delivery, and incidence of common discomforts of pregnancy, after she has participated in an exercise program specifically designed for pregnant and postpartum women. The evaluation results will serve as a tool for program improvement toward improved readiness of our military forces.

The population for the PPPT program is all pregnant women in the Active Duty and Reserve Component military. Participants must meet these criteria:

- Active Duty or Reserve Component military
- over 18 years of age
- not a high risk pregnancy
- not having multiple births in this pregnancy
- agree to limit alcohol, caffeine and smoking during the pregnancy
- agree to take the prescribed multivitamins recommended for pregnancy and consume adequate caloric intake
- agree to participate in the physical activities prescribed during the duration of the program within health care provider approval.

Participation will involve:

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- Participation over next 15 months; nine months during pregnancy, then six months postpartum period.
- Release of last total and individual event APFT scores, weight, and height measures of subjects before becoming pregnant.
- Release of data relating to the length of gestation, type of delivery and delivery records.
- Taking APFT 6 months after delivery.
- Release of data concerning subject's ability to pass APFT, total and individual event APFT scores, weight and height.

Special precautions have been taken to protect the identity of the participants. The results of the program evaluation will not identify any individuals. Participation in exercise is voluntary and will not affect obstetrical care in any way.

I have read all of the above explanations about the PPPT program and understand my rights as a participant. I have had the program explained to me, as well as the inconveniences and possible risks and benefits of participation. I understand what the program is about and how and why it is being done. I voluntarily consent to participate. I understand that I may withdraw from exercise participation at any time.

Participant signature

date

Program Coordinator

date

Enrollment / Delivery/ Postpartum Surveys

Participant Enrollment Questionnaire 1- Soldier fills out during enrollment in the PPPT Program. Please circle or check your response or fill in the blank.

1. Soldier Name: _____ 2. SSN: _____

3. Your age = _____ 4. What is your due date (mm/dd/yyyy)? _____

5. Unit: _____ Unit phone number: _____

6. Are you currently on a profile for something other than pregnancy? Yes No

If **yes**, is the profile Permanent or Temporary? Permanent Temporary

This profile prevents you from participating in which of the following: *(check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> a. Run | <input type="checkbox"/> e. Swimming |
| <input type="checkbox"/> b. Walk | <input type="checkbox"/> f. Push-ups |
| <input type="checkbox"/> c. Resistance training | <input type="checkbox"/> g. Abdominal exercises |
| <input type="checkbox"/> d. Aerobics | <input type="checkbox"/> h. Other (specify): _____ |

7. How would you rate your overall stress level today? 1 2 3 4 5 6 7 8 9 10
(no stress) (very high stress)

8. How would you rate your overall fitness level today? 1 2 3 4 5 6 7 8 9 10
(not very fit) (very fit)

9. Last APFT score **before** you became pregnant:

Total score: _____ Date of this APFT test (mm/yyyy): _____

Number of sit-ups: _____

Number of push-ups: _____

Run time (min:sec): _____

APFT pass or fail? Pass Fail

10. Weight (pre-pregnancy): _____

Taped? Yes No

Height: _____

AR600-9 Pass or fail? Pass Fail

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Participant Delivery Questionnaire 2. Soldier fills out as soon after delivery as possible. Please circle your response or fill in the blank.

1. Soldier ID #: _____ 2. Today's date (mm/dd/yyyy): _____

(First initial of last name followed by last four of SSN)

3. Delivery date (mm/dd/yyyy): _____ 4. Delivery type: ☐ vaginal ☐ cesarean

5. Your weight (in pounds) on or near your delivery date: _____

6. Were there any delivery complications? ☐ Yes ☐ No

(for example: episiotomy, abnormal position of the fetus, premature delivery, etc.)

7. Where did you deliver the baby? MTF Civilian hospital Non-medical location

8. Did your participation in the pregnancy/postpartum physical training program help to decrease the frequency or severity of any of the following conditions for you, as related to pregnancy? (Check yes or no for each response.)

a. headaches/lightheadedness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. nausea/vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. frequent urination	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. swelling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. problems sleeping	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. leg cramps	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g. fatigue	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h. shortness of breath	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. heartburn	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j. constipation	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Participant Postpartum Questionnaire 3. Soldier fills out 3 to 4 months postpartum. Please circle or check your response or fill in the blank.

1. Soldier ID #: _____ 2. Today's date (mm/dd/yyyy): _____
(First letter of last name and last four of SSN i.e. L1081)

3. Did you exercise using the At-Home Exercise Program after the baby was born (during convalescent leave before you returned to the PT Program)? ☐ Yes ☐ No

If yes, how often? ☐ Once a week ☐ 3 times a week ☐ More than 3 times a week

4. Did you participate in the Postpartum Physical Training Program provided by Command? ☐ Yes ☐ No

If yes, how often? ☐ Once a week ☐ 3 times a week ☐ More than 3 times a week

5. Are you currently on a profile for something other than pregnancy? ☐ Yes ☐ No

If **yes**, is the profile Permanent or Temporary? ☐ Permanent ☐ Temporary

This profile prevents you from participating in which of the following: (*circle all that apply*)

☐ a. Run

☐ e. Swimming

☐ b. Walk

☐ f. Push-ups

☐ c. Resistance training

☐ g. Abdominal exercises

☐ d. Aerobics

☐ h. Other (specify): _____

6. How would you rate your overall stress level today? 1 2 3 4 5 6 7 8 9 10
(no stress) (very high stress)

7. How would you rate your overall fitness level today? 1 2 3 4 5 6 7 8 9 10
(not very fit) (very fit)

8. How often did you actively participate in the pregnancy/postpartum PT program?

(*please circle one response for 'while pregnant' and one response for 'while postpartum'*)

While pregnant a. Actively participated in exercise class 6 or more times per month

b. Actively participated in exercise class 1 to 5 times per month

c. Did not participate in exercise class

Postpartum d. Actively participated in exercise class 8 or more times per month

e. Actively participated in exercise class 1 to 7 times per month

f. Did not participate in exercise class

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9. **First** Postpartum diagnostic APFT score:

Total score: _____

Number of sit-ups: _____

Number of push-ups: _____

Run time (min:sec): _____

APFT pass or fail? ☐ Pass ☐ Fail

Date of this APFT diagnostic test (mm/yyyy): _____

First Postpartum Diagnostic Weight: _____ (lbs) Height: _____ (inches)

Taped? ☐ Yes ☐ No

AR 600-9 pass or fail? ☐ Pass ☐ Fail

10. **Last Postpartum diagnostic APFT Scores or 6-month** Record APFT Scores:

Total score: _____

Number of sit-ups: _____

Number of push-ups: _____

Run time (min:sec): _____

APFT pass or fail? ☐ Pass ☐ Fail

Date of this APFT diagnostic test (mm/yyyy): _____

Last Postpartum Diagnostic Weight or 6-month Record Weight: _____

Taped? ☐ Yes ☐ No

Height: _____

AR 600-9 pass or fail? ☐ Pass ☐ Fail

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Final PPPT Program Questionnaire: PPPT Program Staff fills out when the Soldier leaves the program. Please circle or check your response or fill in the blank.

1. Soldier ID #: _____ 2. Today's date (mm/dd/yyyy): _____

3. Why did the soldier stop coming to the program? (*check one response*)

- | | |
|--|--|
| <input type="checkbox"/> a. CH8 | <input type="checkbox"/> g. deployed |
| <input type="checkbox"/> b. ETS | <input type="checkbox"/> h. termination of pregnancy |
| <input type="checkbox"/> c. PCS | <input type="checkbox"/> i. high-risk pregnancy |
| <input type="checkbox"/> d. injury/profile | <input type="checkbox"/> j. failure to participate |
| <input type="checkbox"/> e. returned early to the unit (sooner than 6 months postpartum) | |
| <input type="checkbox"/> f. completed the program (through 6 months postpartum) | |

4. Did the soldier have a profile after returning to the unit? ☐ Yes ☐ No

5. APFT score after 6 months postpartum (RECORD):

Total score: _____ APFT pass or fail? ☐ Pass ☐ Fail

Number of sit-ups: _____

Number of push-ups: _____

Run time (min:sec): _____

Date of this APFT diagnostic test (mm/yyyy): _____

6. Postpartum Diagnostic Weight: _____ (lbs.) Height: _____ (inches)

Taped? ☐ Yes ☐ No AR600-9 Pass or fail? ☐ Pass ☐ Fail

7. How often did the soldier attend the pregnancy/postpartum PT program?

(*please circle one response for 'while pregnant' and one response for 'while postpartum'*)

While pregnant

- ☐ Attended exercise class 6 or more times per month
☐ Attended exercise class 1 to 5 times per month
☐ Did not attend exercise class

While postpartum

- ☐ Attended exercise class 8 or more times per month
☐ Attended exercise class 1 to 7 times per month
☐ Did not participate in exercise class

Pregnancy Surveillance Program

Occupational Health Pregnancy Surveillance Questionnaire – Part I

TO BE COMPLETED BY EMPLOYEE

Name: _____ Age: _____ Rank: _____

MOS/Position: _____ SSN: _____

Supervisor's Name: _____ Unit: _____

Duty Phone: _____ Home Phone: _____ BLDG. #: _____

Environmental Factors in your work area: Check any items below that you perform as part of your duties or any item that you are exposed to in your work environment.

Duration of work (hours per week): _____

Have you been reassigned due to pregnancy? ☐ YES ☐ NO

Work Area: ☐ Motor Pool ☐ Indoor Firing Range ☐ Arms Room ☐ Hospital or Clinic

☐ Other (please specify): _____.

Description of work activities:

Work Exposures or duties: Please check all that apply to you.

- | | | |
|---|---|--|
| <input type="checkbox"/> Vehicle Sanding | <input type="checkbox"/> Spray Painting | <input type="checkbox"/> Parts Cleaning/Degreasing |
| <input type="checkbox"/> Fuel Handling | <input type="checkbox"/> Aviation Mechanics | <input type="checkbox"/> Photo Developing |
| <input type="checkbox"/> Driver of Vehicle over
1 ¼ ton | <input type="checkbox"/> Prolonged lifting over
25 pounds | <input type="checkbox"/> Working at Heights |
| <input type="checkbox"/> Prolonged Standing (# of hours): _____ | <input type="checkbox"/> Respirator Use | |
| <input type="checkbox"/> Welding (please specify) | <input type="checkbox"/> Excessive Vibrations | <input type="checkbox"/> Other Industrial Operations |
| <input type="checkbox"/> Cold Extremes | <input type="checkbox"/> Heat Extremes | <input type="checkbox"/> Non-ionizing Radiation |
| <input type="checkbox"/> Ionizing Radiation | <input type="checkbox"/> Pesticides | <input type="checkbox"/> Anesthetic Gases
(hospital/clinic work) |
| <input type="checkbox"/> Chemotherapeutic Agents
(i.e. hospital work) | <input type="checkbox"/> Communicable Diseases
(i.e. hospital/clinic work) | <input type="checkbox"/> Blood Products
(hospital/clinic/sanitation work) |
| <input type="checkbox"/> Loud Noise/Vibrations | <input type="checkbox"/> Chemicals (specify): _____ | |
| <input type="checkbox"/> Frequent lifting/bending (specify weight lifted and frequency) _____ | | |

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List other work place exposures you consider hazardous:

What safety equipment is required in the course of your duties?

☐ Respirator

What kind? _____ How often used? _____

☐ Garments

What kind? _____ How often used? _____

☐ Belts/Harness

What kind? _____ How often used? _____

☐ Other - Specify: _____

Health History:

Significant OB History:

Chronic Disease: *Do you now, or have you had in the past:*

Yes No

1. History of heart problems, chest pain, or stroke

☐☐

2. Increased blood pressure

☐☐

3. Any Chronic Illness

☐☐

specify: _____

4. Difficulty with physical exercise

☐☐

5. Advice from physician not to exercise

☐☐

6. Recent surgery (last 12 months)

☐☐

7. History of breathing or lung problems

☐☐

8. Seizures, Convulsions, Epilepsy, Fainting, Dizziness

☐☐

9. Bleeding Disorder, Anemia, Bleeding Tendency

☐☐

10. Liver Disease (Jaundice, Hepatitis)

☐☐

11. Kidney Disease

☐☐

12. Muscle, joint, or back disorder

☐☐

13. Any previous injury still affecting you

☐☐

Specify: _____

14. Diabetes or thyroid condition

☐☐

15. Cigarette smoking habit

☐☐

16. Obesity (more than 20% over ideal body weight)

☐☐

17. Increased blood cholesterol

☐☐

18. History of heart problems in immediate family

☐☐

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19. Autoimmune disorder i.e. Lupus, Graves, HIV

☐☐

20. Other illness:

☐☐

Specify: _____

Major Illnesses or surgery, with dates:

Allergies:

History of Illness in Family:

Household Exposures:

List any hobbies, household cleaning compounds, animals or other activities that you perform which might expose you to hazards:

Occupational Health Pregnancy Surveillance Questionnaire – Part II

TO BE COMPLETED BY OCCUPATIONAL HEALTH PERSONNEL

Date Questionnaire Received:

OB History: Gravida _____ Para _____ EDC _____

Previous pregnancy complication to include any miscarriages, spontaneous abortions:

Worksite visit required? ☐ YES ☐ NO

If yes, the following questions must be completed. If no, Provider simply needs to sign this form.

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Date worksite visit conducted: _____

Description of worksite: _____

Potential exposures: (Note whether controlled or uncontrolled risks)

Is consultation for Industrial Hygiene or IH sampling to establish possible exposure or determine exposure levels needed? (specify)

Recommendations: (Include recommendations for modifications, job reassignment, education, etc.)

NAME: _____ SSN: _____

DOB: _____ Rank: _____ UNIT: _____

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